UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Form 1. Notice of Appeal from a Judgment or Order of a United States District Court

Name of U.S. District Court:	Northern Distr	ict of California (San Francisco)
U.S. District Court case number	:: 3:20-CV-037	54-VC
Date case was first filed in U.S.	District Court:	6/5/2020
Date of judgment or order you are appealing: 2/21/2024 and 3/22/2024		
Fee paid for appeal? (appeal fees a	re paid at the U.S. Di	strict Court)
• Yes O No O IFP was g	granted by U.S. I	District Court
List all Appellants (List each part	y filing the appeal. D	o not use "et al." or other abbreviations.)
SIMON AND SIMON, PC d/l VIP DENTAL SPAS, individually and on behalf of a		
Is this a cross-appeal? O Yes	⊙ No	
If Yes, what is the first appeal c	ase number?	
Was there a previous appeal in t	this case? • Ye	es O No
If Yes, what is the prior appeal case number? 23-4153		
Your mailing address:		
Berger Montague PC		
505 Montgomery Street, Suite 6	525	
City: San Francisco	State: CA	Zip Code: 94111
Prisoner Inmate or A Number (i	f applicable):	
Signature /s/ Joshua P. Davis	1	Date 3/26/2024
Complete and file with the attac	had vanvasantation	statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Rev. 12/01/2018

UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

Form 6. Representation Statement

Instructions for this form: http://www.ca9.uscourts.gov/forms/form06instructions.pdf

Appellant(s) (List each party filing the appeal, do not use "et al." or other abbreviations.)		
Name(s) of party/parties:		
SIMON AND SIMON, PC d/b/a CITY SMILES,		
VIP DENTAL SPAS,		
individually and on behalf of all others similarly situated.		
Name(s) of counsel (if any):		
Joshua P. Davis		
Hope E. Brinn		
Address: Berger Montague PC 505 Montgomery St Ste 625 San Francisco, CA 94111		
Telephone number(s): 415-689-9292		
Email(s): jdavis@bm.net, hbrinn@bm.net		
Is counsel registered for Electronic Filing in the 9th Circuit? • Yes • No		
Appellee(s) (List only the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)		
Name(s) of party/parties:		
ALIGN TECHNOLOGY, INC.		
Name(s) of counsel (if any):		
James M. Pearl		
Emma Farrow		
Address: Paul Hastings LLP 1999 Ave of the Stars 27th Fl Los Angeles, CA 90067		
Telephone number(s): 310-620-5700		
Email(s): jamespearl@paulhasting.com, emmafarrow@paulhastings.com		

To list additional parties and/or counsel, use next page.

 $Feedback\ or\ questions\ about\ this\ form?\ Email\ us\ at\ \underline{forms@ca9.uscourts.gov}$

Continued list of parties and counsel: (attach additional pages as necessary)

Appellants Name(s) of party/parties: SIMON AND SIMON, PC d/b/a CITY SMILES, VIP DENTAL SPAS, individually and on behalf of all others similarly situated. Name(s) of counsel (if any): Eric L. Cramer Michael J. Kane Address: Berger Montague PC 1818 Market St, Ste 3600, Philadelphia, PA 19103 Telephone number(s): 215 875-3000 Email(s): |ecramer@bm.net, mkane@bm.net Is counsel registered for Electronic Filing in the 9th Circuit? • Yes \bigcirc No **Appellees** Name(s) of party/parties: ALIGN TECHNOLOGY, INC. Name(s) of counsel (if any): Thomas A. Counts Address: Paul Hastings LLP, 101 California St, 48th Flr San Francisco, CA 9411 Telephone number(s): 415-856-7000 Email(s): |tomcounts@paulhastings.com Name(s) of party/parties: See attached for additional counsel. Name(s) of counsel (if any): Address: Telephone number(s): Email(s):

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ADDITIONAL COUNSEL:

Appellants:

Name(s) of party/parties:

SIMON AND SIMON, PC d/b/a CITY SMILES, VIP DENTAL SPAS, individually and on behalf of all others similarly situated.

Name(s) of counsel:

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Appellees:

Name(s) of party/parties:

ALIGN TECHNOLOGY, INC.

Name(s) of counsel:

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